


## UNITED STATES DISTRICT COURT OCT 17 2014

NORTHERN DISTRICT OF TEXAS

CLERK, U.S. DISTRICT COURT  
By  DeputyUNITED STATES OF AMERICA  
V.  
THEODORE OKECHUKU**EXHIBIT AND WITNESS LIST**

Case Number: 3:13-CR-481 P

PRESIDING JUDGE Magistrate Judge Renee Harris Toliver					PLAINTIFF'S ATTORNEY Katherine E. Pfeifle	DEFENDANT'S ATTORNEY John R. Teakell
TRIAL DATE (S) 10/17/2014					COURT REPORTER FTR	COURTROOM DEPUTY Jane Amerson
PLF. NO.	DEF. NO.	DATE OFFERED	MARKED	ADMITTED	DESCRIPTION OF EXHIBITS* AND WITNESSES	
	1-A	10/17/2014	X	X	Tamper free paper	
	1-A	10/17/2014	X	X	Copy of Prescription dated 6/27/2014	
	1-B	10/17/2014	X	X	Copy of Texas Driver's License for Demetrus Cardell	
	1-C	10/17/2014	X	X	Copies of Prescriptions Raven Clark dated 6/10/2014	
	1-D	10/17/2014	X	X	Copy of Prescription Matthew Smih/Schmidt	
	1-E	10/17/2014	X	X	Fax Cover Sheet to Detective Perez (Dallas Police Dept) dated 8/1/14	
	1-F	10/17/2014	X	X	Fax Cover Sheet to Detective Van Niesen (Richardson Police Dept) dated 7/17/2014	
	1-G	10/17/2014	X	X	Fax Cover Sheet from Richardson Police Department to Theodore Okechuku dated 7/17/14	
	1-H	10/17/2014	X	X	Fax Cover Sheet from Richardson Police Department to Theodore Okechuku dated 7/17/14	
	2	10/17/2014	X	X	Fake Prescription Alert	
	2-A	10/17/2014	X	X	Medical Rehab Clinic - Fake Prescription Alert	
	3-A	10/17/2014	X	X	Picture	
	3-B	10/17/2014	X	X	Picture	
	3-C	10/17/2014	X	X	Picture	
	3-D	10/17/2014	X	X	Picture	
	3-E	10/17/2014	X	X	Picture	
	3-F	10/17/2014	X	X	Picture	
	3-G	10/17/2014	X	X	Picture	
	3-H	10/17/2014	X	X	Picture	
	3-I	10/17/2014	X	X	Picture	
	3-J	10/17/2014	X	X	Picture	

\* Include a notation as to the location of any exhibit not held with the case file or not available because of size.

Theodore E. Okechuku, MD  
 Medical Rehabilitation Clinic of Mesquite  
 Pain Management Clinic  
 9260 Skillman Street Suite 117, Dallas, TX, 75243  
 Tel: 214-301-4333  
 DRS 701174110

Theodore E. Okechuku, MD  
 Medical Rehabilitation Clinic of Mesquite  
 Pain Management Clinic  
 9260 Skillman Street Suite 117, Dallas, TX, 75243  
 Tel: 214-301-4333  
 DRS 701174110

PRACTITIONER DEA NUMBER: B07623764

Patient Name: Tim Jones

Date: 07/09/2014

Address: 7022 Yamini Dr  
 City: Dallas State: TX Zip: 75230

Rx

*Boys*  
 214-715-6826

NO. 10mg-10mg  
 (ONE HUNDRED) (ONE)  
 Sig: 1 tab(a) every 6 hours PRN Pain 30 Day(s)

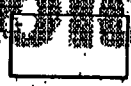
MAXIMUM DAILY DOSE

*[Signature]*

(controlled substance only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "AW" IN BOX BELOW

Generic (Zero)



*fox*

*214-544-1200*

*Relax*

*Call*

*Pulse*

PRACTITIONER DEA NUMBER: B07623764

Patient Name: Tim Jones

Date: 07/09/2014

Address: 7022 Yamini Dr  
 City: Dallas State: TX Zip: 75230

Rx

NO. 10mg-2  
 (ONE HUNDRED) (ONE)  
 Sig: 1 tab(a) 2 times a day 30 Day(s)

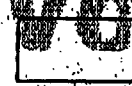
MAXIMUM DAILY DOSE

*[Signature]*

(controlled substance only)

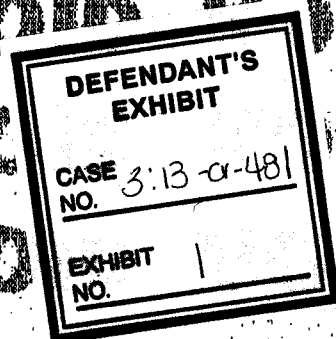
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "AW" IN BOX BELOW

Generic (Zero)



*sho*

*comes*



Thaddeus E. Cleghorn, MD  
Medical Consultant, Clinic Of Mesquite  
Pain Management Clinic  
9250 Skillman Street Suite 117, Dallas, TX, 75243  
Tel: 214/301-4333  
DPS-70117110

PRACTITIONER DEA NUMBER: B07523764

Patient Name: Marcus V. Vazquez

Date: 08/27/2014

Address: 639 Joyce Dr.

City: Garland State: TX Zip: 75040 Age: 27Y

1-15-64

Rx

Morone 325 mg-10mg

Dose: 10mg (ONE HUNDRED TWENTY)

Sig: 1 tab(s) every 6 hours PRN Pain 30 Day(s)

MAXIMUM DAILY DOSE

Prescriber Signature:

X

(Controlled substance only)

THIS PRESCRIPTION WILL BE FILLED ORIGINALLY UNLESS PRESCRIBER WRITES "duo" IN BOX BELOW

REFILLS: 0 refills

(ZERO)



Dispense As Written

20

This person  
tried  
picking up ⇒



Wilson  
Demetrus Cardell

2507 Thomason Cir #218  
Arlington Tx 76006

**KROGER PHARMACY # 528**  
4142 CEDAR SPRINGS  
DALLAS, TEXAS 75219  
PHONE: (214) 599-9861  
FAX: (214) 526-3156

Fax 214-349-7200

1-B

n/11

D.O.B.

32

Theodore E. Okachuku, MD  
Medical Rehabilitation Clinic Of Mesquite  
Pain Management Clinic  
9250 Skillman Street Suite 117, Dallas, TX, 75243  
Tel 214-301-4333  
DPS-70117110

Theodore E. Okachuku, MD  
Medical Rehabilitation Clinic Of Mesquite  
Pain Management Clinic  
9250 Skillman Street Suite 117, Dallas, TX, 75243  
Tel 214-301-4333  
DPS-70117110

03/13/1953

PRACTIONER DEA NUMBER: 807523764

Patient Name: Raven Clark  
Address: 6453 Ethel Dr.  
City Dallas State TX Zip 75227 Age 61Y

Date: 06/10/2014

Rx

Norco 325 mg-10mg  
Disp: \*\*\*180\*\*\* (ONE HUNDRED EIGHTY)  
Sig: 1 tab(s) every 6 hours PRN Pain 30 Day(s)

MAXIMUM DAILY DOSE

Prescriber Signature

X \_\_\_\_\_ (controlled substance only)

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "dow" IN BOX BELOW

REFILLS \*\*\*\*\*

(ZERO)



Dispense As Written

Theodore E. Okachuku, MD  
Medical Rehabilitation Clinic Of Mesquite  
Pain Management Clinic  
9250 Skillman Street Suite 117, Dallas, TX, 75243  
Tel 214-301-4333  
DPS-70117110

PRACTIONER DEA NUMBER: 807523764

Patient Name: Raven Clark  
Address: 6453 Ethel Dr.  
City Dallas State TX Zip 75227 Age 61Y

Date: 06/10/2014

Rx

Amoxicillin 500 mg  
Disp: \*\*\*30\*\*\* (THIRTY)  
Sig: 1 tab(s) daily 30 Day(s)

MAXIMUM DAILY DOSE

Prescriber Signature

X \_\_\_\_\_ (controlled substance only)

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "dow" IN BOX BELOW

REFILLS \*\*\*\*\*

(ZERO)



Dispense As Written

PRACTIONER DEA NUMBER: 807523764

Patient Name: Raven Clark  
Address: 6453 Ethel Dr.  
City Dallas State TX Zip 75227 Age 61Y

Date: 06/10/2014

Rx

Alprazolam 2mg  
Disp: \*\*\*60\*\*\* (SIXTY)  
Sig: 1 tab(s) 2 times a day 30 Day(s)

MAXIMUM DAILY DOSE

Prescriber Signature

X \_\_\_\_\_ (controlled substance only)

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "dow" IN BOX BELOW

REFILLS \*\*\*\*\*

(ZERO)



Dispense As Written

f: 214 349 7200  
Rebecca

972 938  
8360

Aug. 1. 2014 7:21PM

No. 2326 P. 2/2

16

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NAME Case 3:13-cr-00481-B Document 13 Filed 07/17/14 Page 6 of 16 PageID 212

ADDRESS 8-12-71 Smith

PHONE 7-31-14

Rx Narc 10/325-  
#180  
7940 PP

Echo ☐

REFILLS NR 1 Theodore Stacy

PHYSICIAN NAME Oluchukwu

DEA NUMBER 607528764

PHARMACIST NAME 1073558581-NP 70717116

KRO-S3 9-279-7377

KROGER PHARMACY # 528  
4142 CEDAR SPRINGS  
DALLAS, TEXAS 75219  
PHONE: (214) 599-9861  
FAX: (214) 526-3156

Matthew Smith  
214-784-4789

← phone # we have  
on file

I-D

MEDICAL REHABILITATION CLINIC OF MESQUITE

Medical Director  
T. E. Okechuku, MD

9205 Skillman  
Suite #117  
Dallas, TX 75243

Phone: 972-279-7377  
Fax: 214-349-7200

FAX COVER SHEET

To Detective Perez  
Company Dallas Police Dept -  
Fax Number: Narcotics Unit  
Phone Number: 214-671-4623  
From: Medical Rehab Clinic  
Date: 8/1/2014, 8/2/2014  
RE: FAKE PRESCRIPTION  
# of pages:

COVER MESSAGE:

Here are copies of such  
fake prescriptions we've  
received so far.  
Also came in & the pharmacy  
got a copy of pts drivers license

MEDICAL REHABILITATION CLINIC OF MESQUITE

Medical Director  
T. I. Okechukwu, MD

9205 Skillman  
Suite #117  
Dallas, TX 75243


Phone: 972-279-7377  
Fax: 214-349-7200

FAX COVER SHEET

To Richardson Police Department  
Company 90 Det R. VanNuesen #1042  
Fax Number: 972 744 5921  
Phone Number: 972 744 4859  
From: Medical Rehab. Clinic  
Date: 7/17/2014  
RE: Permission to Prosecute  
# of pages:

COVER MESSAGE:

This is a note indicating  
our desire to prosecute to  
the full extent the law  
permits. We are available  
to be contacted Mon - Fri  
9am - 5pm & Sat 9am - 2pm.

 - Office Manager



RICHARDSON POLICE DEPT. 140 N. GREENVILLE, RICHARDSON, TX 75081-6046

FAX

Date: 07/17/2014

Number of pages including cover sheet: 2

214-349-7200

TO:

Theodore Okechuku

FAX PHONE: 214-349-7200

FROM: Det R. VanWieren #1042 - on vacation

CASE: #201400082573

PHONE: 972 744 4859 (Main 972 744 4800)

FAX PHONE: 972 744 5921

E-MAIL: Ronald.Vanwieren@cor.gov

Please Fax a signed document advising that the attached prescription form was forged.

Thanks for your help

CONFIDENTIALITY NOTICE:

This facsimile contains confidential information which may also be legally privileged and which is intended only for the use of the Addressee(s) named above. If you are not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile, or the taking of any action in reliance on the contents of this telecopied information, may be strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the entire facsimile to us at the below address via U.S. Postal Service.

will be back  
8/18

1-G

**R****RICHARDSON POLICE DEPT. 140 N. GREENVILLE, RICHARDSON, TX 75081-6046****FAX**

Date: 07/17/2014

Number of pages including cover sheet: 2

**TO:**

Theodore Okcchuku

FAX PHONE: 214-349-7200

**FROM: Det R. VanWieren #1042****CASE: #201400082573**

PHONE: 972 744 4859 (Main 972 744 4800)

FAX PHONE: 972 744 5921

E-MAIL: Ronald.Vanwieren@cor.gov

Please Fax a signed document advising that the attached prescription form was forged.

Thanks for your help

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1-H

*Medical Rehabilitation Clinic  
9205 Skillman st Suite 117 Dallas, Tx 75243  
Phone: 972-279-7377  
Fax: 214-349-7200*

# ATTENTION ALL PHARMACIES!

## Fake Prescriptions Alert!

THIS IS TO INFORM ALL PHARMACIES THAT IT HAS COME TO OUR ATTENTION THAT THERE ARE PERPETRATORS WHO ARE FRAUDULENTLY WRITING PRESCRIPTIONS FOR CONTROLLED SUBSTANCES UNDER THE NAME OF DR. THEODORE OKECHUKU AND MEDICAL REHABILITATION CLINIC OF MESQUITE.

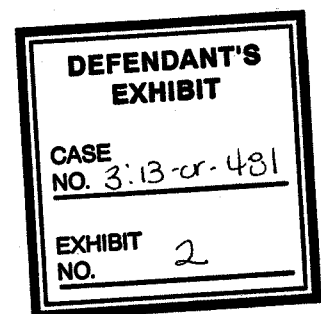
INDICATORS THAT THESE ARE FRAUD INCLUDE BUT ARE NOT LIMITED TO: (1) THEIR PRESCRIPTION PADS LOOK NOTHING LIKE OURS, (2) THE ADDRESS IS WRONG, (3) DR'S DPS IS WRONG AND (4) THE PHONE NUMBER IS NOT OUR OFFICE NUMBER (5) NO ONE EVER PICKS UP WHEN PHARMACIES CALL FOR VERIFICATION, IT GOES TO VOICEMAIL (6) THE SUPPOSED PATIENTS PHONE NUMBER AND D.O.B. ARE ALMOST SIMILAR WITH A FEW VARIABLES, (7) IT IS OBVIOUS THEY ARE COPYING OUR ORIGINAL SCRIPT.

WE ARE OFFICIALLY INFORMING YOU THAT THESE PRESCRIPTIONS ARE FRAUD, AND THESE PATIENTS ARE NOT OUR PATIENTS. PLEASE CALL TO VERIFY ALL PRESCRIPTIONS FROM THIS OFFICE AND DO NOT HESITATE TO CONTACT MEDICAL REHAB. CLINIC AND THE POLICE DEPARTMENT IF THESE PRESCRIPTIONS AND PERPETRATORS SHOW UP IN YOUR PHARMACY!

OUR REPUTATION IS BEING TARNISHED BY THESE ACTIONS AND WE WILL APPRECIATE IT IF COLLECTIVELY WE ALL WORK TO STOP THESE FRAUDSTERS!!!!!!

ENCLOSED WITH THIS LETTER IS A COPY OF WHAT THEIR PRESCRIPTION LOOKS LIKE.....

THANK YOU FOR YOUR CO-OPERATION,  
CHICHI NOSIKE, RN  
OFFICE MANAGER



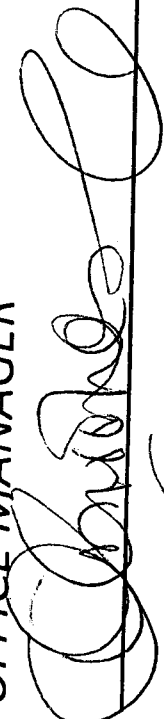
# MEDICAL REHAB. CLINIC

## FAKE PRESCRIPTION ALERT & DECISION TO PROSECUTE

We want to say thanks to all the pharmacies, pharmacists, and legal authorities who are diligently and passionately working with us to eradicate this problem. We would also like to inform all parties concerned of our decision to prosecute to the fullest extent of the law whenever these perpetrators/fraudsters are caught!

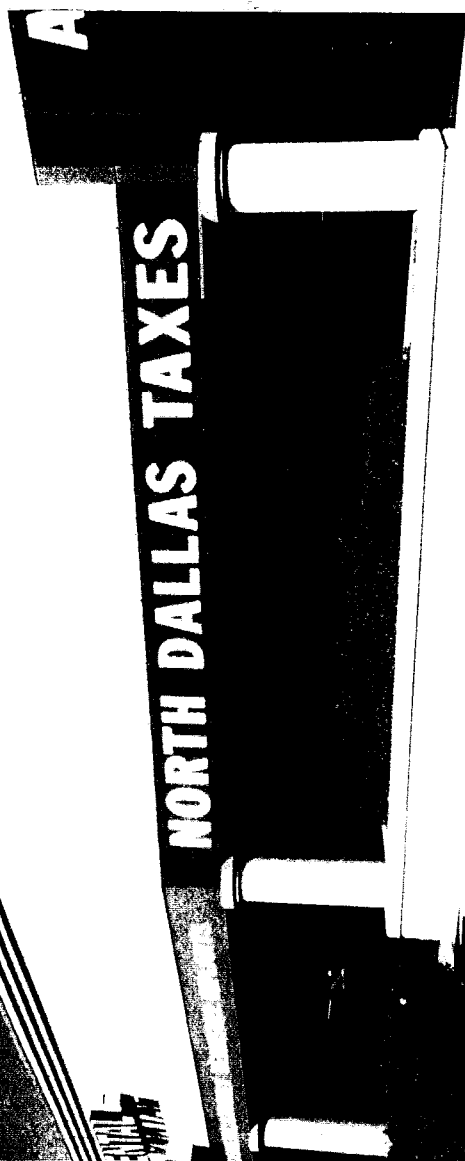
Lilian Onuoha-Nosike, RN

OFFICE MANAGER

 07/17/2014  
Signature



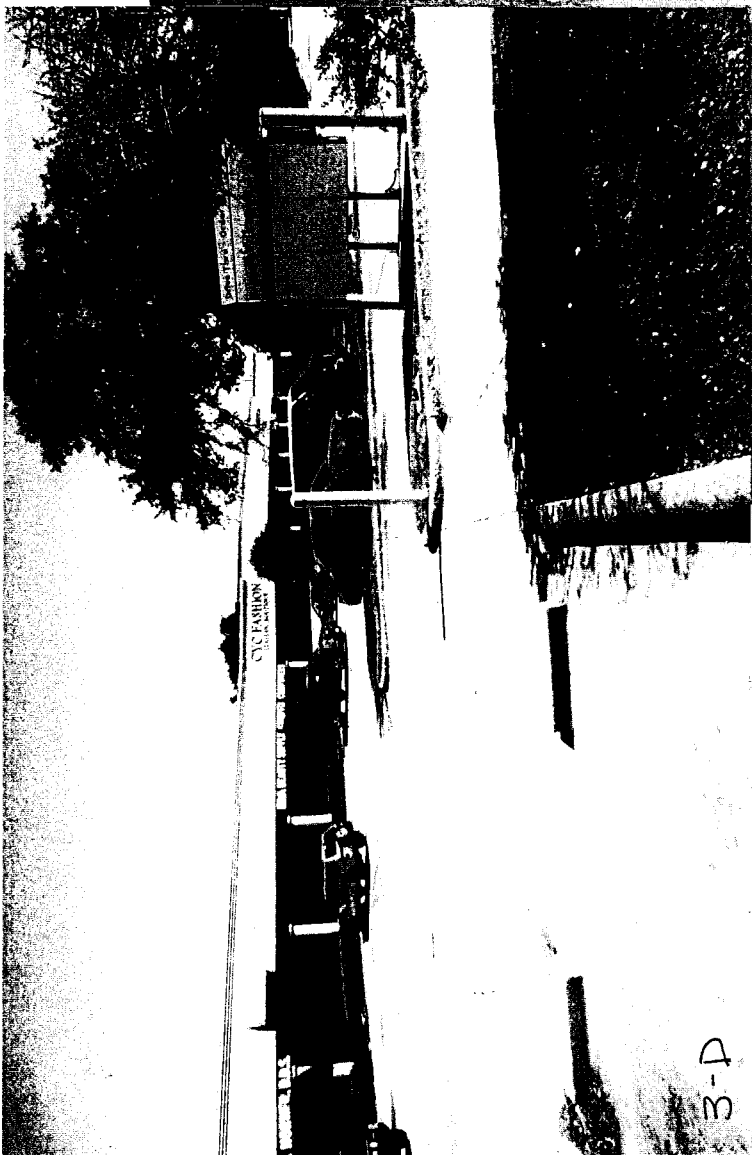
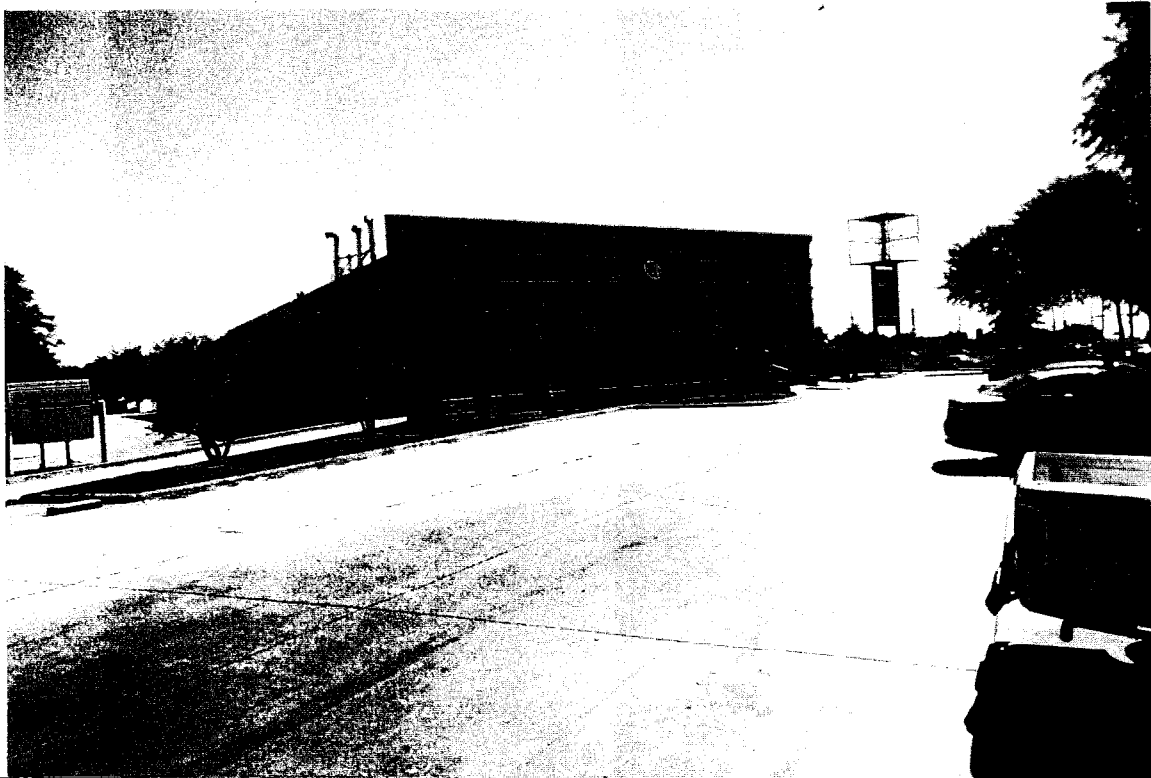
3-C



3-A



3-B



3-D



3-E



